



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**NOTICE OF TERMINATION FOR CROSSOVER CLASS CA –  
COSMETOLOGY TO BARBER**

BOARD OF COSMETOLOGY &  
BARBER EXAMINERS  
P.O. BOX 1062  
JEFFERSON CITY, MO 65102  
(573) 751-0805



☐ Student ☐ Apprentice

**INSTRUCTIONS**

**PLEASE TYPE OR PRINT LEGIBLY**

1. This form is to be complete for crossover class CA – Cosmetology and Barber students or apprentices who have discontinued training or graduated.
2. Mail completed form and license to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, MO 65102.

**LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.**

**STUDENT PERSONAL DATA**

NAME OF STUDENT

STUDENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME OF SCHOOL/ESTABLISHMENT

SCHOOL/ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

**TRAINING INFORMATION**

DATE SCHOOL DETERMINES STUDENT WITHDREW OR GRADUATED

TOTAL NUMBER OF MONTHS ATTENDED

LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS.

SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
History - 5		Shaving - 40	
		<b>TOTAL OF SUBJECT HOURS</b>	

NOTARY PUBLIC EMBOSSER OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)